

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24759

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **408**
 City St. Louis (No. 4135, Lee place)

File No.
 Registered No. **6164**
 St. Ward

2. FULL NAME

John W. Chalcraft
 (a) Residence, No. 4135 Lee place St. 10 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Lee Chalcraft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-3-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electrical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME John Chalcraft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Anna Roundtree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Thomas Chalcraft
4135 Lee place

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Am. DATE July-17 1933

19. UNDERTAKER (ADDRESS) Callaway Bros.
1719 N. Grand Blvd.

20. FILED 15 1933 19. J. F. Bredeck
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2 1933, to July 14 1933
 I last saw him... alive on July 12 1933 Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Bladder, and Pelvis

514
510
59F

Other contributory causes of importance:

53

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wilbur J. Hoke, M. D.

(Address) 4167^a Lee Ave

St. Louis, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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